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**METHOD OF PAYMENT** (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account
 Deposit Account Number: 23/2825
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

2. EXCESS CLAIM FEES		Small Entity
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u><b>Total Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>	<u><b>Multiple Dependent Claims</b></u>
- 20 or HP		x	=	
_____	_____	_____	_____	<u><b>Fee (\$)</b></u> <u><b>Fee Paid (\$)</b></u>
HP = highest number of total claims paid for, if greater than 20.				
<u><b>Indep. Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>	
- 3 or HP =		x	=	
_____	_____	_____	_____	
HP = highest number of independent claims paid for, if greater than 3.				

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round <b>up</b> to a whole number) x	=	

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
1251 Extension for response within first month	130.00
1801 Request for continued examination (RCE) (see 37 ...	810.00

## SUBMITTED BY

Signature	/John R. Van Amsterdam/	Registration No. (Attorney/Agent)	40,212	Telephone	617.646.8000
Name (Print/Type)	John R. Van Amsterdam			Date	December 17, 2008

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 17, 2008

Signature: /Sylvana Householder/